

## **Application Data Sheet**

### **Application Information**

Application number::	Unassigned
Filing Date::	Herewith
Application Type::	Regular
Subject Matter::	Utility
Title::	BIPOLAR CAUTERIZING INSTRUMENT
Attorney Docket Number::	017516-008120US
Request for Early Publication::	No
Request for Non-Publication::	No
Suggested Drawing Figure::	1
Total Drawing Sheets::	19
Small Entity?::	No
Petition included?::	No
Secrecy Order in Parent Appl.::	No

### **Applicant Information**

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	TRACY
Middle Name::	A.
Family Name::	MORLEY
City of Residence::	Sunnyvale
State or Province of Residence::	CA
Country of Residence::	US
Street of Mailing Address::	982 Couer D'Alene Way
City of Mailing Address::	Sunnyvale
State or Province of mailing address::	CA
Country of mailing address::	US
Postal or Zip Code of mailing address::	94087

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: DANIEL  
Middle Name:: T.  
Family Name:: WALLACE  
City of Residence:: Redwood City  
State or Province of Residence:: CA  
Country of Residence:: US  
Street of Mailing Address:: 621 Glenloch Way  
City of Mailing Address:: Redwood City  
State or Province of mailing address:: CA  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 94062

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: CHRISTOPHER  
Middle Name:: W.  
Family Name:: MAUER  
City of Residence:: Sandy Hook  
State or Province of Residence:: CT  
Country of Residence:: US  
Street of Mailing Address:: 59 Elizabeth Circle  
City of Mailing Address:: Sandy Hook  
State or Province of mailing address:: CT  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 06482

**Correspondence Information**

Correspondence Customer Number:: 20350

**Representative Information**

Representative Customer Number:: 20350

**Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Continuation of	10/032,317	12/21/01
10/032,317	Provisional of	60/258,750	12/29/00

**Assignee Information**

Assignee Name:: Intuitive Surgical, Inc.  
Street of mailing address:: 1340 West Middlefield Road  
City of mailing address:: Mountain View  
State or Province of mailing address:: CA  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 94043